

## Division of Disability and Rehabilitative Services

402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083 1-800-545-7763

# BUREAU OF QUALITY IMPROVEMENT SERVICE COMPREHENSIVE EVALUATION AND REVIEW TOOL SURVEY RESULTS

#### CERT SURVEY SUMMARY:

COORDINATOR: COORDINATOR PHONE: COORDINATOR F-MAIL: SURVEYOR: SURVEYOR: SURVEYOR PHONE: SURVEYOR E-MAIL: SURVEYY#: AGENCY FID: AGENCY NAME: AGENCY INSITE ID: CEO NAME: CEO PHONE#: CEO E-MAIL#: HR CONTACT NAME: HR PHONE: HR E-MAIL: AGENCY CONTACT OFFICE PHONE: AGENCY CONTACT OFFICE PHONE: AGENCY CONTACT TAME:  AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT CELL PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT OFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: AGENCY CONTACT TOFFICE PHONE: 2**U AGENCY CONTACT OFFICE PHONE: 2**U AGENCY CONTACT CELL PHON	CERT SURVEY SUMMAR	( <b>T</b> :
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Review 10% of personnel files for personnel providing any type of direct service to waiver clients during initial review (maximum of 20 files/minimum of 2 files). During Follow-up Verification re-review personnel files with findings and an additional 5% sample of new files (maximum of 10 files/minimum of 2 files).

# OF PERSONNEL:	
# OF RECORDS REVIEWED DURING INITIAL:	
# OF ADDITIONAL RECORDS REVIEWED DURING FOLLOW-UP:	

	TOTAL	li	nitial Surv	/ey	Follo Verifi	w-up cation
INDICATORS/ PROBES	POSSIBLE	N/A	MET	Not MET	MET	Not MET
Indicators - I:	30					
Probes:	33					
Indicators - II:	10					
Probes:	84					
Indicators - III:	2					
Probes:	41					
Indicators - IV:	1					
Probes	16					

			CURRENT			
SERVICE	CURRENTLY PROVIDING (YES/NO)	START DATE	APPROVAL PRESENT (YES/NO)	DD WAIVER	SUPPORT SERVICES WAIVER	AUTISM WAIVER
Adult Day Service - 460 IAC 6-5-2						
Adult Foster Care Services - 460 IAC 6-5-3						
Behavioral Support Services - 460 IAC 6-5-4						
Community based habilitation – group - Service Definition and						
Documentation Standards (OA20081107)						
Community based habilitation – individual - Service Definition						
and Documentation Standards (OA20081107)						
Community transitions services - 460 IAC 6-5-34						
Electronic monitoring services - Bulletin October 2, 2009						
Environmental modification supports - 460 IAC 6-5-11						
Facility based habilitation – group - Service Definition and Documentation Standards (OA20081107)						
Facility based habilitation – individual - Service Definition and Documentation Standards (OA20081107)						
Facility based support services - Bulletin October 2, 2009	1			1	1	
Family & caregiver training services - 460 IAC 6-5-13						
Intensive behavior intervention services - Bulletin October 2, 2009						
Music therapy - 460 IAC 6-5-15						
Occupational therapy - 460 IAC 6-5-17					1	
Personal emergency response system supports - 460 IAC 6-5-18					1	
Physical Therapy - 460 IAC 6-5-19					1	
Prevocational services - 460 IAC 6-5-20						
Recreational therapy - 460 IAC 6-5-22						
Rent and food for unrelated live-in caregiver - 460 IAC 6-5-23						
Residential habilitation and support - 460 IAC 6-5-24						
Respite - 460 IAC 6-5-26						
Specialized medical equipment & supplies - 460 IAC 6-5-27						
Speech-Language therapy - 460 IAC 6-5-28						
Supported employment follow along - 460 IAC 6-5-29						
Transportation - 460 IAC 6-5-30						
Therapy (psychological) services - 460 IAC 6-5-21						
Workplace assistance - Bulletin October 2, 2009						
ADDITIONAL SERVICES APPROVED TO PROVIDE				İ	t	
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I. The Provider meets qualifications for waiver services being delivered.

INITI	INITIAL SURVEY			LOW- IP	INDICATORS/PROPES
NA	MET	NOT MET	MET	NOT MET	INDICATORS/PROBES
					I.A.1 - DDRS approval to provide services.
					I.A.1.1 - Is the provider approved for providing all of the services they're currently providing? 460 IAC 6-5-2; 6-5-3; 6-5-4; 6-5-34; 6-5-11; 6-5-13;
					6-5-15; 6-5-17; 6-5-18; 6-5-19; 6-5-20; 6-5-22; 6-5-23; 6-5-24; 6-5-26; 6-5-27; 6-5-28; 6-5-29; 6-5-30; 6-5-21; Service Definition and
					Documentation Standards (OA20081107); Bulletin October 2, 2009
					I.A.2 - Transportation
					I.A.2.1 - Does the provider meet the requirements for transportation per 460 IAC 6-5-30 and 460 IAC 6-34?
					I.A.3 - Adult Day Service
					I.A.3.1 - Does the provider meet the requirements for adult day service per 460 IAC 6-5-2? (and waiver application requirement - pg. 61)
					I.A.4 - Adult Foster Care
					I.A.4.1 - Does the provider meet the requirements for adult foster care at 460 IAC 6-5-3?
					I.A.5 - Behavioral Support Services. Level 1 Clinician
					<b>I.A.5.1 -</b> FOR APPROVALS DATED PRIOR TO JANUARY 1, 2003 ONLY, does the provider meet the requirements for behavioral support services at 460 IAC 6-5-4(a)?
					I.A.5.2 - For licensed psychologists, does the provider meet the requirements for behavioral support services at 460 IAC 6-5-4(b)?
					I.A.6 - Behavioral Support Services. Level 2 Clinician
					I.A.6.1 - Does the provider meet the requirements for behavioral support services, Level 2 clinician per 460 IAC 6-5-4(c)?
					I.A.7 - Community based habilitation - group.
					I.A.7.1 - Does the provider meet Community based habilitation -group requirements? (waiver application requirement - pg. 100)
					I.A.8 - Community based habilitation - individual.
					I.A.8.1 - Does the provider meet community based habilitation - individual requirements? (waiver application requirement - pg. 104)
					I.A.9 - Community transition.
					I.A.9.1 - Does the provider meet the qualifications for community transition per 460 IAC 6-5-34?
					I.A.10 - Electronic monitoring
					I.A.10.1 - Does the provider meet electronic monitoring requirements? (waiver application requirement - pg 111)
					I.A.11 - Environmental modification supports.
					I.A.11.1 - Does the provider meet the qualifications for environmental modification supports per 460 IAC 6-5-11?
					I.A.12 - Facility based habilitation - group.
					I.A.12.1 - Does the provider meet the requirements for facility based habilitation - group? (waiver application requirement pg. 116)
					I.A.13 - Facility based habilitation - individual.
					I.A.13.1 - Does the provider meet the requirements for facility based habilitation - individual? (waiver application requirement pg. 119)
					I.A.14 - Facility based support services
					I.A.14.1 - Does the provider meet the requirements for facility based support services? (waiver application requirement pg. 122)
					I.A.15 - Family and Caregiver training
					I.A.15.1 - Does the provider meet the requirements for family and caregiver training per 460 IAC 6-5-13
					I.A.16 - Intensive behavior intervention services.
					I.A.16.1 - Does the provider meet the requirements for Intensive behavior intervention services? (waiver application requirement pg. 128 & 129)
					I.A.17 - Music therapy.
					I.A.17.1 - Does the provider meet the requirements for music therapy per 460 IAC 6-5-15?
					I.A.18 - Occupational therapy.

I.A.18.1 - Does the provider meet the requirements for Occupational therapy per 460 IAC 6-5-17?
I.A.19 - Personal emergency response system supports.
I.A.19.1 - Does the provider meet the requirements for personal emergency response system supports per 460 IAC 6-5-18?
I.A.20 - Physical Therapy
I.A.20.1 - Does the provider meet Physical therapy requirements per 460 IAC 6-5-19?
I.A.21 - Recreational therapy.
I.A.21.1 - Does the provider meet the requirements for recreational therapy per 460 IAC 6-5-22?
I.A.22 - Rent and food for unrelated live-in caregiver.
I.A.22.1 - Does the provider meet the requirements for rent and food for unrelated live-in caregiver per 460 IAC 6-5-23?
I.A.23 - Residential habilitation and support.
I.A.23.1 - Does the provider meet the requirements for residential habilitation and support per 460 IAC 6-5-24? (& waiver application requirement
pg. 70)
I.A.24 - Respite.
I.A.24.1 - Does the provider meet the requirements for respite per 460 IAC 6-5-26? (& waiver application requirement - pg. 73)
I.A.25 - Specialized medical equipment & supplies.
I.A.25.1 - Does the provider meet the requirements for specialized medical equipment & supplies per 460 IAC 6-5-27?
I.A.26 - Speech-Language therapy
I.A.26.1 - Does the provider meet the Speech-language provider qualifications per 460 IAC 6-5-28?
I.A.27 - Supported employment.
I.A.27.1 - Does the provider meet the requirements for supported employment per 460 IAC 6-5-29? (& waiver application pg. 79)
I.A.28 - Therapy (psychological) services.
I.A.28.1 - Does the provider meet requirements for therapy services (psychological) requirements per 460 IAC 6-5-21?
I.A.29 - Workplace assistance
I.A.29.1 - Does the provider meet the workplace assistance requirements? (waiver application requirement - pg. 145)
I.A.30 - Insurance
I.A.30.1 - Does the provider have an active insurance policy that covers personal injury to an individual? 460 IAC 6-12-2(1)
I.A.30.2 - Does the provider have an active insurance policy that covers loss of life to an individual? 460 IAC 6-12-2(2)
I.A.30.3 - Does the provider have an active insurance policy that covers property damage to an individual? 460 IAC 6-12-2(3)

II. The provider has policies and procedures to ensure the rights of Individuals, to direct appropriate services, and to support and manage employees.

INITIAL SURVEY		FOLLOW- UP		INDICATORS/PROBES	
NA	MET	NOT MET	MET	NOT MET	INDICATORS/PROBES
					II.A.1 - Provider complaint procedure
					II.A.1.1 - Does the provider have a written procedure for handling complaints from individuals receiving services? 460 IAC 6-8-3(5)(B)
					II.A.1.2 - Does the written complaint procedure include components for processing and decision making? 460 IAC 6-8-3(4)
					II.A.1.3 - Does the written procedure mandate processing and decision making within two weeks of receiving the complaint? 460 IAC 6-8-3(4)
					II.A.1.4 - Does the written procedure for complaints include methods for informing individuals of the complaint procedure in writing, and in the individual's usual mode of communication? 460 IAC 6-8-3(5)
					II.A.2 - Written procedure for provider or employee/agent to report abuse, neglect, exploitation and mistreatment
					II.A.2.1 - Does the provider have a written procedure outlining responsibilities for the provider and the provider's employees and/or agents to report situations of abuse, neglect, exploitation, and mistreatment? 460 IAC 6-9-2(a)
					II.A.3 - Written procedures for prohibiting violations of individual rights:
					II.A.3.1 - Does the provider have a written policies and procedures that prohibits its employees and/or agents from abusing, neglecting, exploiting,

and mistreaining individuals? 460 IAC 6-9-3(b)(1)  II.A.3.2 - Does the provider have a written policies and procedures that prohibits its employees and/or agents from violating an individual's rights?  460 IAC 6-9-3(b)(2)  II.A.3.3 - Do the provider's written policies and procedures include prohibitions against corporal punishment? 460 IAC 6-9-3(c)(1)(A)  II.A.3.3 - Do the provider's written policies and procedures include prohibitions against through the provider activity of the provider's written policies and procedures include prohibitions against through the provider activity of the provider's written policies and procedures include prohibitions against through the provider activity of the provider's written policies and procedures include prohibitions against through the provider activity of the provider's written policies and procedures include prohibitions against through the provider activity of the provider's written policies and procedures include prohibitions against through the provider's written policies and procedures include prohibitions against through the provider's written policies and procedures include prohibitions against through the provider's written policies and procedures include prohibitions against be unfoliced prohibitions against through the provider's written policies and procedures include prohibitions against be unfoliced prohibitions against through the provider's written policies and procedures include prohibitions against a practice which denies the individual sheeter? 460 IAC 6-9-3(c)(4)  II.A.3.11 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual sheeter? 460 IAC 6-9-3(c)(4)(d)  II.A.3.13 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual sheeter? 460 IAC 6-9-3(c)(4)(d)  II.A.3.15 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual sheeter? 460 IAC 6-9-3(c)(4)(d)  II.A.3.	 
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II.A.3.14 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual food or drink? 460   IA.C. 6-9-3(c)(4)(E) & (D)     II.A.3.15 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual physical movement for long periods of time? 460   IA.C. 6-9-3(c)(4)(E)     III.A.3.17 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual use of bathroom facilities? 460   IAC. 6-9-3(c)(4)(G)     III.A.3.17 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual work or chores benefiting others without pay or pay below minimum wage?   III.A.4.1 - Written procedure for informing the individual of service and health status     III.A.4.2 - Notes the provider have a written procedure for informing the individual on a regular basis as specified by the individual's ISP of the individual's medical condition? 460   IAC. 6-9-4(b)(1)     III.A.4.2 - Does the provider have a written procedure for informing the individual on a regular basis as specified by the individual's ISP of the individual's developmental status? 460   IAC. 6-9-4(b)(2)     III.A.4.3 - Does the provider have a written procedure for informing the individual on a regular basis as specified by the individual's ISP of the individual's behavioral status? 460   IAC. 6-9-4(b)(2)     III.A.4.3 - Does the provider have a written procedure for informing the individual on a regular basis as specified by the individual's ISP of the individual's individual's faight to refuse streatment? 460   IAC. 6-9-4(b)(2)     III.A.5.1 - Except for OT, PT, music therapy and speech-language therapy providers, do all other provider have a written procedure to ensure a hindividual is opportunity for personal privacy? 460   IAC. 6-9-4(e)     III.A.5.3 - Does the provider have a written procedure to ensure an individual is not compelled to provi	II.A.3.13 - Do the provider's written policies and procedures include prohibitions against a practice which denies the individual shelter? 460 IAC 6-
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	II.A.5.6 - Does the provider have a written procedure to ensure an individual has the opportunity to communicate, associate, and meet privately

II.A.5.7 - Does the provider have a written procedure to ensure an individual has the means to send and receive unopened mail? 460 IAC 6-9-4(f)(2)
II.A.5.8 - Does the provider have a written procedure to ensure an individual has access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense? 460 IAC 6-9-4(f)(3)
II.A.5.9 - Does the provider have a written procedure for providing an individual with the opportunity to participate in social, religious and community activities? 460 IAC 6-9-4(h)
II.A.5.10 - Does the provider have a written procedure that ensures an individual the right to retain and use appropriate personal possessions and clothing? 460 IAC 6-9-4(i)
II.A.5.11 - Does the provider have a written procedure to protect an individual's funds and property from misuse or misappropriations? 460 IAC 6-9-4(j)
II.A.5.12 - Does the provider have a written procedure for conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident? 460 IAC 6-9-4(k)
II.A.5.13 - Does the provider's procedure for investigating rights violations and incidents include immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment? 460 IAC 6-9-4(k)
II.A.5.14 - Does the provider have a written procedure for administrative action against, disciplinary action against, and dismissal of an employee or agent of the provider if the employee or agent is involved in the abuse, neglect, exploitation or mistreatment of an individual, or a violation of an individual's rights? 460 IAC 6-9-5(I)
II.A.5.15 - Does the provider have a written procedure for employees or agents of the provider to report violations of the provider's policies and procedures to the provider?
II.A.5.16 - Does the provider have a written procedure for reporting situations of abuse, neglect, exploitation, and mistreatment, include reporting to the individual's legal representative, case manager, and APS/CPS, as applicable? 460 IAC 6-9-4(n)
II.A.5.17 - Does the provider have a written procedure for reporting incidents to BDDS in accordance with the BDDS policy on Incident Reporting? 460 IAC 6-9-4(o)
II.A.5.18 - Does the provider's written incident reporting policy include listing of all incidents identified for mandatory reporting in the BDDS incident reporting policy? 460 IAC 6-9-5(a)
II.A.6 - Provider Organizational Chart
II.A.6.1 - Does the provider have a current organizational chart that includes parent organizations and subsidiary organizations?
II.A.7 - Written personnel policy:
II.A.7.1 - Does theprovider have a written personnel policy? 460 IAC 6-16-2(a)(1)
II.A.7.2 - Is the policy reviewed and updated as appropriate?
II.A.7.3 - Is there evidence that the policy is distributed to the provider's employees and agents?
II.A.7.4 - Does the provider's written personnel policy contain a written job description for each position? 460 IAC 6-16-2(b)(1)
II.A.7.5 - Does each job description in the provider's written personnel policy include: Minimum qualifications for the position; 460 IAC 6-16-2(b)(1)(A);
II.A.7.6 - Major duties required of the position; 460 IAC 6-16-2(b)(1)(B);
II.A.7.7 - Responsibilities of the employee /agent in the position; 460 IAC 6-16-2(b)(1)(C);
II.A.7.8 - Title of the supervisor to whom the employee/agent must report. 460 IAC 6-16-2(b)(1)(D)
II.A.7.9 - Does the provider provide the applicable job description to each employee/agent? 460 IAC 6-16-2(a)(3)
II.A.7.10 - Does the provider's written personnel policy contain a procedure for conducting reference checks? 460 IAC 6-16-2(b)(2)
II.A.7.11 - Does the provider's written personnel policy contain a procedure for conducting employment checks? 460 IAC 6-16-2(b)(2)
II.A.7.12 - Does the provider's written personnel policy contain a procedure for conducting criminal background checks? 460 IAC 6-16-2(b)(2)
II.A.7.13 - Does the provider's written personnel policy include the Indiana central repository as a required source for limited criminal history background requests for each provider employee, officer or agent? 460 IAC 6-10-5(a); 460 IAC 6-16-2(b)(2)
II.A.7.14 - Does the provider's written personnel policy include, limited to hires after Oct. 1, 2003, each county the provider employee, officer or agent resided in during the 3 years prior to initiating the limited criminal history check, as additional required sources for the limited criminal history? 460 IAC 6-10-5(c); 460 IAC 6-16-2(b)(2)

<b>II.A.7.15</b> - Does the provider's written personnel policy prohibit the employment of or contract with a person convicted of: 460 IAC 6-10-5(b); 460 IAC 6-16-2(b)(3) - Sex crime; exploitation of an endangered adult; failure to report battery, neglect, or exploitation of an endangered adult; abuse or neglect of a child; theft ,if the conviction occurred less than ten (10) years before the person's employment application date; murder; voluntary manslaughter; involuntary manslaughter; felony battery; felony offense related to a controlled substance.
II.A.7.16 - Does the provider's written personnel policy contain a process for evaluating the job performance of each employee and/or agent at the end of their training period and annually thereafter? 460 IAC 6-16-2(b)(4)
II.A.7.17 - Does the provider's written personnel policy contain a process for evaluating the job performance of each employee and/or agent that includes feedback from individuals receiving services from the employee and/or agent? 460 IAC 6-16-2(b)(4)
II.A.7.18 - Does the provider's written personnel policy include disciplinary procedures for the provider's employees and/or agents? 460 IAC 6-16-2(b)(5)
II.A.7.19 - Does the provider's written personnel policy contain a description of the grounds for disciplinary action against or dismissal of an employee or agent? 460 IAC 6-16-2(b)(6)
II.A.7.20 - Does the provider's written personnel policy contain a description of the rights and responsibilities of employees or agents, including the responsibilities of administrators and supervisors? 460 IAC 6-16-2(b)(7)
II.A.8 - Written training procedure
II.A.8.1 - Does the provider have a written training procedure? 460 IAC 6-16-3(a)(1)
II.A.8.2 - Is the training procedure reviewed and updated as appropriate? 460 IAC 6-16-3(a)(2)
II.A.8.3 - Does the provider distribute the training procedure to its employees and agents? 460 IAC 6-16-3(a)(3)
II.A.8.4 - Does the provider's written training procedure include mandatory orientation for each new employee/agent to assure the
employee/agent's understanding of and compliance with the mission, goals, organization and practices of the provider? 460 IAC 6-16-3(b)(1)
II.A.8.5 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the type
of training? 460 IAC 6-16-3(b)(2)(A)
II.A.8.6 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the name
and qualifications of the trainer? 460 IAC 6-16-3(b)(2)(B)
II.A.8.7 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the
duration of the training? 460 IAC 6-16-3(b)(2)(C)
II.A.8.8 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the date or dates of training? 460 IAC 6-16-3(b)(2)(D)
II.A.8.9 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the signature of the trainer verifying satisfactory completion of the training by the employee/agent? 460 IAC 6-16-3(b)(2)(E)
II.A.8.10 - Does the provider's written training procedure include a system for documenting the training for each employee/agent including the signature of the employee/agent? 460 IAC 6-16-3(b)(2)(F)
II.A.8.11 - Does the provider's written training procedure include a system for ensuring that a trainer has sufficient education, expertise, and knowledge of the subject to achieve the listed outcomes under the system? 460 IAC 6-16-3(b)(3)
II.A.8.12 - Does the provider's written training procedure include a system for providing annual in-service training to improve the competency of
employees/agents in protection of individual rights, including the protection against abuse, neglect, or exploitation? 460 IAC 6-16-3(b)(4)(A)
II.A.8.13 - Does the provider's written training procedure include a system for providing annual in-service training to improve the competency of
employees/agents in incident reporting? 460 IAC 6-16-3(b)(4)(B)
II.A.8.14 - Does the provider's written training procedure include a system for providing annual in-service training to improve the competency of
employees/agents in medication administration, if the provider administers medication to an individual? 460 IAC 6-16-3(b)(4)(C)
II.A.9 - Written policies and procedures that limit the use of restrictive procedures - applicable to Behavioral Support Services providers ONLY
II.A.9.1 - Does the provider have written policies and procedures that limit the use of restrictive procedures, including physical restraint or
medication? 460 IAC 6-18-3(1)
II.A.9.2 - Does the provider have written policies and procedures that focus on behavioral supports that begin with less restrictive/intrusive methods
before more intrusive/restrictive methods are used? 460 IAC 6-18-3(2)
II.A.10 - Conflicts of interest & ethics
II.A.10.1 - Does the provider have policies and procedures regarding conflicts of interest?
II.A.10.2 - Does the provider have policies and procedures regarding conflicts of interest?  II.A.10.2 - Does the provider's policy regarding conflicts of interest require disclosure of possible conflicts of interest by all of the provider's
I II.A. 10.2 - Does the provider's policy regarding conflicts of interest require disclosure of possible conflicts of interest by all of the provider's

		employees or agents?
		II.A.10.3 - Does the provider have policies and procedures regarding a code of ethics for agents and employees?

III. The provider maintains employee information confirming key health, welfare and training issues.

INITIAL SURVEY		FOLLOW- UP			
NA	MET	NOT MET	MET	NOT MET	INDICATORS/PROBES
					III.A.1 - Files for each employee or agent of the provider
					III.A.1.1 - Does the provider maintain files for each employee or agent in the provider's office?
					III.A.1.2 - Do the provider's employee or agents files contain a negative TB screening dated prior to the employee providing services for all
					employees/agents including administrative and clerical staff? 460 IAC 6-15-2(b)(1)
					III.A.1.3 - Do the provider's employee or agents files contain a record of current CPR certification by the American Red Cross, the American Heart
					Association, or another nationally recognized entity that utilizes on-site supervised practice/testing training. 460 IAC 6-15-2(b)(2); 20091214_BQIS1214 CPR Policy Reminder
					III.A.1.4 - Do the provider's employee or agents who transports individuals in their personal automobiles, have proof of current automobile
					insurance included in their files?
					III.A.1.5 - Do the provider's employee or agents files have a criminal background check from the Indiana State Police Central Repository for Criminal History prior to start date of employment? 460IAC 6-10-5(a); 6-15-2(a)(4)
					III.A.1.6 - For employees/agent hired after October 1, 2003, does the provider have a criminal background check for each county of residence of
					the employee/agent in the three (3) years prior to the background check? 460IAC 6-10-5(c); 6-15-2(a)(4)
					III.A.1.7 - III.A.1.7 Are criminal background checks for provider employees, officers or agents free of findings that include: Sex crime; exploitation
					of an endangered adult; failure to report battery, neglect, or exploitation of an endangered adult; abuse or neglect of a child; theft, if the conviction
					occurred less than ten (10) years before the person's employment application date; murder; voluntary manslaughter; involuntary manslaughter;
					felony battery; felony offense related to a controlled substance 460 IAC 6-10-5(b)(1)
					III.A.1.8 - Are criminal background checks for provider DIRECT SERVICE STAFF ONLY free of evidence of a finding entered into the state nurse aide registry? 460IAC 6-10-5(d)
					III.A.1.9 - Does the provider maintain a copy of a current driver's license for each employee/agent who transports individuals in a motor vehicle in the provider's employee or agents' file? 460 IAC 6-15-2(b)(6)
					III.A.1.10 - Do the provider's employee or agent files contain have evidence of current licensure, certification or registration for employees and/or agents whose job duties require such? 460 IAC 6-15-2(b)(5)
					III.A.1.11 - Do the provider's employees or agents who transport individuals in their personal automobiles, have proof of current automobile insurance included in their files? 460 IAC 6-15-2(b)(6)
					III.A.1.12 - Do the provider's employee or agent files contain copies of the employee or agent's time records? 460 IAC 6-15-2(b)(7)(A)
					III.A.1.13 - Do the provider's employee or agent files contain copies of the agent's invoices for services? 460 IAC 6-15-2(b)(7)(B)
					III.A.1.14 - Do the provider's employee or agent files contain copies of the agenda for each training session attended by the employee or agent
					including the subject matter? 460 IAC 6-15-2(b)(8)(A)
					III.A.1.15 - Do the provider's employee or agent files contain copies of the agenda for each training session attended by the employee or agent
					including the date and time of each training session? 460 IAC 6-15-2(b)(8)(B)
					III.A.1.16 - Do the provider's employee or agent files contain copies of the agenda for each training session attended by the employee or agent
					including the name of the person or persons conducting each training session? 460 IAC 6-15-2(b)(8)(C)
					III.A.1.17 - Do the provider's employee or agent files contain copies of the agenda for each training session attended by the employee or agent
					including documentation of the employee's or agent's attendance at each training session, signed by the employee or agent? 460 IAC 6-15-2(b)(8)(D)(i)
					III.A.1.18 - Do the provider's employee or agent files contain copies of the agenda for each training session attended by the employee or agent
		<u></u>			including documentation of the employee's or agent's attendance at each training session, signed by the trainer? 460 IAC 6-15-2(b)(8)(D)(ii)
			_		III.A.1.19 - Do the provider's employee or agent files contain documentation of training for each employee/agent on individual rights, including

respecting the dignity of an individual? 460 IAC 6-14-4(a)(1)
<b>III.A.1.20</b> - Do the provider's files contain documentation of training for each employee/agent on individual rights, including protecting an individual from abuse, neglect and exploitation? 460 IAC 6-14-4(a)(2)
III.A.1.21 - Do the provider's files contain documentation of training for each employee/agent on implementing person centered planning and an individual's ISP? 460 IAC 6-14-4(a)(3)
III.A.1.22 - Do the provider's files contain documentation of training for each employee/agent on communicating successfully with an individual?  460 IAC 6-14-4(a)(4)
III.A.1.23 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of training on selecting specific objectives? 460 IAC 6-14-4(b)(1)
III.A.1.24 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of training on completing task analysis? 460 IAC 6-14-4(b)(2)
III.A.1.25 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of training on appropriate locations for instruction? 460 IAC 6-14-4(b)(3)
III.A.1.26 - For providers that develop training outcomes and objectives for an individual, do the provider's files contain documentation of training on appropriate documentation of an individual's progress on outcomes and objectives? 460 IAC 6-14-4(b)(4)
III.B.1 - Documentation of Training completed before employee begins working with an individual (For direct-care staff)
III.B.1.1 - For provider's direct care staff who administer medication, does the employee or agent file contain documentation of training administering medication? 460 IAC 6-14-4(c)(1)
III.B.1.2 - For provider's direct care staff who administer medication, does the employee or agent file contain documentation of training on monitoring side effects of medication? 460 IAC 6-14-4(C)(1)
III.B.1.3 - For provider's direct care staff who administer medication, does the employee or agent file contain documentation of training on recognizing and preventing dangerous medication interactions? 460 IAC 6-14-4(C)(1)
III.B.1.4 - Do the provider's direct care staff files contain documentation of training on administering first aid? 460 IAC 6-14-4(C)(2)
III.B.1.5 - Do the provider's direct care employee or agent files contain documentation of training on practicing infection control and universal precautions? 460 IAC 6-14-4(C)(4) & (5)
III.B.1.6 - Do the provider's direct care employee or agent files contain documentation of training on managing individual specific treatments and interventions? 460 IAC 6-14-4(C)(6)
III.B.1.7 - Do the provider's direct care employee or agent files contain documentation of training managing seizures? 460 IAC 6-14-4(C)(6)(A)  III.B.1.8 - Do the provider's direct care employee or agent files contain documentation of training on managing behavior? 460 IAC 6-14-4(C)(6)(B)
III.B.1.9 - Do the provider's direct care employee or agent files contain documentation of training on managing medication side effects? 460 IAC 6-14-4(C)(6)(C)
III.B.1.10 - Do the provider's direct care employee or agent files contain documentation of training on managing diet and nutrition? 460 IAC 6-14-4(C)(6)(D)
III.B.1.11 - Do the provider's direct care employee or agent files contain documentation of training on managing swallowing difficulties? 460 IAC 6-14-4(C)(6)(E)
III.B.1.12 - Do the provider's direct care employee or agent files contain documentation of training on managing emotional and physical crises? 460 IAC 6-14-4(C)(6)(F)
III.B.1.13 - Do the provider's direct care employee or agent files contain documentation of training on managing significant health concerns? 460 IAC 6-14-4(C)(6)(G)
III.B.1.14 - Do the provider's direct care employee or agent files contain documentation of training on conducting and participating in emergency drills and evacuations? 460 IAC 6-14-4(C)(7)
III.B.1.15 - Do the provider's direct care employee or agent files contain documentation of training on managing medication side effects? 460 IAC 6-14-4(C)(6)(C)

#### IV. Quality assurance/quality improvement

INIT	IAL SUR	VEY	FOLI U	-OW-	INDICATORS/PROBES
NA	MET	NOT MET	MET	NOT MET	INDICATORS/FROBES
					IV.A.1 - Internal Quality assurance/quality improvement system focused on the individual
					IV.A.1.1 - Does the provider conduct a survey of individual satisfaction with services being provided by the agency on an annual basis? 460 IAC 6-10-10(b)(1)
					IV.A.1.2 - Does the provider have evidence that the results of the annual survey were compiled? 460 IAC 6-10-10(b)(2)
					IV.A.1.3 - Does the provider have evidence that the results of the annual survey were complied: 400 iAO 0-10-10(b)(2)
					IV.A.1.4 - Does the provider have evidence or enorts to improve services in response to the armidal survey of individual satisfaction:  IV.A.1.4 - Does the provider have a system to assess the: appropriateness; and effectiveness, of each service provided to an individual?
					IV.A.1.5 - Does the provider have a system to assess the appropriateness, and electiveness, or each service provided to an individual:  IV.A.1.5 - Does the provider have a process for analyzing data concerning reportable incidents? 460 IAC 6-10-10(b)(5)(A)
					IV.A.1.6 - Does the provider have a process for developing recommendations to reduce the risk of future incidents? 460 IAC 6-10-10(b)(5)(B)
					IV.A.1.7 - Does the provider have a process for reviewing recommendations to assess their effectiveness? 460 IAC 6-10-10(b)(5)(C)
					IV.A.1.8 - For providers who administer medication to individuals, does the provider have a process for analyzing medication errors? 460 IAC 6-10-
					10(b)(6)(A)
					IV.A.1.9 - For providers who administer medication to individuals, does the provider have a process for developing recommendations to reduce the risk of future medication errors? 460 IAC 6-10-10(b)(6)(B)
					IV.A.1.10 - For providers who administer medication to individuals, does the provider have a process for reviewing the recommendations to assess their effectiveness? 460 IAC 6-10-10(b)(6)(C)
					IV.A.1.11 - For providers providing behavioral support services, does the provider have a process for analyzing the appropriateness and effectiveness of behavioral support techniques used for an individual? 460 IAC 6-10-10(b)(7)(A)
					IV.A.1.12 - For providers providing behavioral support services, does the provider have a process for developing recommendations concerning the behavioral support techniques used with and individual? 460 IAC 6-10-10(b)(7)(B)
					IV.A.1.13 - For providers providing behavioral support services, does the provider have a process for reviewing the recommendations to assess their effectiveness? 460 IAC 6-10-10(b)(7)(C)
					IV.A.1.14 - For providers providing residential habilitation and support services, does the provider have a system for analyzing the appropriateness and effectiveness of the instructional techniques used with an individual? 460 IAC 6-10-10(b)(8)(A)
					IV.A.1.15 - For providers providing residential habilitation and support services, does the provider have a system for developing recommendations concerning the instructional techniques used for an individual? 460 IAC 6-10-10(b)(8)(B)
					IV.A.1.16 - For providers providing residential habilitation and support services, does the provider have a system for reviewing the recommendations to assess their effectiveness? 460 IAC 6-10-10(b)(8)(C)

#### **SURVEY FINDINGS:**

# **FOCUS AREA**

I. The Provider meets qualifications for waiver services being delivered.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial cont move	Enhanced Provider Compliance Survey - Follow-up Verification			
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – only to be completed if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contemove	siness days after	Enhanced Provider Compliance Survey - Follow-up Verification		
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move				Enhanced Provider Compliance Survey - Follow-up Verification		
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence		
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial cont move	Enhanced Provider Compliance Survey - Follow-up Verification			
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		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

## **FOCUS AREA**

II. The Provider has policies and procedures to ensure the rights of Individuals, to direct appropriate services, and to support and manage employees.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move				Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence	
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason			

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial conti move	siness days after	Enhanced Provider Compliance Survey - Follow-up Verification		
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move				Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence	
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason			

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial cont move	Enhanced Provider Compliance Survey - Follow-up Verification			
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

## **FOCUS AREA**

III. The Provider maintains employee information confirming key health, welfare and training issues.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move				Enhanced Provider Compliance Survey - Follow-up Verification		
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence		
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason				

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move				Enhanced Provider Compliance Survey - Follow-up Verification		
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence		
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move			Enhanced Provider Compliance Survey - Follow-up Verification	
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## **FOCUS AREA**

# IV. Quality Assurance/Quality Improvement.

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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PROBE NOT MET (OUT OF COMPLIANCE)	Finding	Enhance Provider Compliance– 48 hours after initial contact with Provider business days after move			Enhanced Provider Compliance Survey - Follow-up Verification	
Choose an item.		Corrective Action Plan 1 - to be completed in space below by Provider	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason	Follow-up Type	Results of Follow-up Verification (Implemented/Not Implemented) – If not implemented document evidence
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		Corrective Action Plan 2 – to be completed by Provider if CAP1 is denied	Title of Person Responsible – to be completed by Provider	Status (Accept/Denied) If denied state reason		

#### **CERT TRANSMISSION DATA**

- 1. PROVIDER IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS HIGHLIGHTED IN YELLOW
- 2. SURVEYOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FILEDS HIGHLIGHTED IN PINK
  3. COORDINATOR IS RESPONSIBLE FOR ENTERING DATA IN ALL FIELDS HIGHLIGHTED IN PINK
  3. COORDINATOR IS RESPONSIBLE FOR ENTERING DATA IN ALL OTHER FIELDS.

DATE SCHEDULING COMPLETED:	REVISED DATE CAP DUE FROM PROVIDER:	DATE CAP 2 RECEIVED FROM PROVIDER:	DATE FOLLOW-UP VERIFICATION RESULTS SENT TO DMS:	
DATE ANNOUNCEMENT SENT:	DATE CAP1 RECEIVED FROM PROVIDER:	DATE CAP 2 SENT TO SURVEYOR:	FOLLOW-UP VIERIFCATION – IMPLEMENTED / PARTIALLY / NOT IMPLEMENTED	
DATE OF SURVEY:	DATE CAP1 SENT TO SURVEYOR:	COORDINATOR:	VERIFICATION RESULTS SENT TO PROVIDER:	
DATE OF CLOSING MEETING:	DATE CAP1 SENT TO COORDINATOR:	DATE CAP 2 SENT TO DMS:	DATE SURVEY COMPLETED:	
DATE FINDINGS REPORT SENT TO COORDINATOR:	DATE CAP1 SENT TO DMS:	CAP2 - APPROVED / PARTIALLY / DENIED	DATE SURVEY CLOSED:	
DATE FINDINGS REPORT SENT TO DMS:	CAP1 - APPROVED/ DENIED:	DATE CAP2 RESULTS SENT TO PROVIDER:	SURVEY REFERRED (YES/NO):	
SURVEY HAD FINDINGS (YES/NO):	DATE CAP1 RESULT SENT TO PROVIDER	: IMPLEMENTATION DATE:	DATE REFERRED:	
DATE INITIAL SURVEY RESULTS SENT TO PROVIDER:	DATE CAP2 DUE FROM PROVIDER:	DATE OF ANTICIPATED FOLLOW-UP VERIFICATION:	REASON FOR REFERRAL:	Choose an item.
DATE CAP1 DUE FROM PROVIDER:	DATE CAP1 RESULT RE-SENT TO PROVIDER:	VERIFICATION COMPLETED:		
DATE INITIAL SURVEY RESULTS RE-SENT TO PROVIDER:	REVISED DATE CAP. DUE FROM PROVIDER:	DATE FOLLOW-UP VERIFICATION RESULTS SENT TO COORDINATOR:		

#### POST REFERRAL FOLLOW-UP

SURVEYOR/COORDINATOR